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16530 Via Esprillo San Diego, CA 92				Aliçia R. Lewis		(Depositor's name)
				ATT P	ZV11/20	(Signature)
				May 18, 2010		(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	ATT	ORNEY DOCKET NO.	CONFIRMATION NO.
10/814,909 03/30/2004		J. Peter Hoddie 11374		113748-4996U\$	2889	
TITLE OF INVENTION	: INTERFACE NEGOT	MOLTAI				
APPLN, TYPB	SMALL ENTITY	issur fer due	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEB(S) DUB	DATE DUB
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EXAMINER		ART UNIT	CLASS-SUBCLASS	]		
WENDELL	, ANDREW	2618	455-557000	•		
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(A) NAME OF ASSIGNEE			(B) RESIDENCE: (CITY and STATE OR COUNTRY)			
Sony Corporation Kinoma, Inc.			Tokyo, Japan Palo Alto, CA			
Please check the appropr	iate assignee category o	r categories (will not be	printed on the patent) :	Hadividual ≌Corpur	ation or other private gre	oup entity Government
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⊠ Issue Fee ☑ Publication Fee (No small entity discount permitted)			A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.			
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Typed or printed name Samuel S. Lee			Registration No. 42,791			
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to fite (and by the USPTO to process) an application. Confidentially, is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the complete application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FIEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.  Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.						